

**UNDERGROUND STORAGE TANK  
COMMUNITY ASSISTANCE PROGRAM**

**QUARTERLY PETROLEUM SALES VOLUME REPORT**

Contract Number:

Name of Business:

Name of Grantee:

For the Quarter ending:      ☐ March 31, 200\_\_      ☐ June 30, 200\_\_  
   ☐ Sept. 30, 200\_\_      ☐ Dec. 31, 200\_\_

***THIS REPORT MUST BE RECEIVED BY P.L.I.A. OFFICE WITHIN TEN DAYS AFTER THE END OF EACH QUARTERLY PERIOD. FAILURE TO SUBMIT A REPORT WILL BE CONSIDERED A BREACH OF CONTRACT AND COULD CAUSE THE ENTIRE GRANT AMOUNT TO BECOME IMMEDIATELY DUE AND PAYABLE. GRANTEES MUST SUBMIT A REPORT EVERY QUARTER FOR THE ENTIRE DURATION OF THE GRANT AGREEMENT.***

*List the total number (in gallons) of petroleum sold during the quarter. (Include diesel.)*  
\_\_\_\_\_ gallons

*Are your tanks currently registered with the Dept. of Licensing (DOL)?* ☐ YES ☐ NO

*DOL Master Business License UBI#* \_\_\_\_\_ *Expiration Date* \_\_\_\_\_

*Are your tanks currently covered by pollution liability insurance?* ☐ YES ☐ NO

*Name of Insurance Company* \_\_\_\_\_

*Policy Number* \_\_\_\_\_

*Expiration Date of Policy* \_\_\_\_\_

*What are your hours of operation?* \_\_\_\_\_ AM to \_\_\_\_\_ PM *Days of Operation?* \_\_\_\_\_

*The questions on the back page are for you to show the **vital local government, public health, education or safety need(s)\*** that are met by the continued operation of this business.*

**\* Vital local government, public health, education or safety needs** means an essential or indispensable service provided by government for citizens. For example: Fire protection and law enforcement, ambulance services, school buses or road maintenance. Provide specific names of agencies and entities, as well as the number of gallons of petroleum purchased during this reported quarter:

Law Enforcement Agencies:

Local _____	# of Gallons _____
County _____	# of Gallons _____
State _____	# of Gallons _____
Federal _____	# of Gallons _____
Fire Protection _____	# of Gallons _____
Hospital or Ambulance Services _____	# of Gallons _____
School Buses or School Vehicles _____	# of Gallons _____

Other Local, County, State or Federal Government Agencies or Units

_____	# of Gallons _____
_____	# of Gallons _____
_____	# of Gallons _____
	Total # of Gov't Gallons Sold _____

What contracts are in effect between your business and government agencies or entities?

AGENCY NAME	CONTRACT PERSON
_____	_____
_____	_____
_____	_____
_____	_____

I certify that to the best of my ability, I have completed all required parts of this report truthfully and completely. I understand that providing false and/or misleading information may cause the entire grant amount to become immediately due and payable and that I could be held liable under Washington State law.

_____ Signature of Grantee	_____ Date
_____ Signature of Grantee (if applicable)	_____ Date